

SECOND REGULAR SESSION

# SENATE BILL NO. 740

93RD GENERAL ASSEMBLY

INTRODUCED BY SENATOR CAUTHORN.

Pre-filed December 1, 2005, and ordered printed.

TERRY L. SPIELER, Secretary.

3689S.011

## AN ACT

To repeal section 208.151, RSMo, and to enact in lieu thereof one new section relating to medical assistance eligibility.

*Be it enacted by the General Assembly of the State of Missouri, as follows:*

Section A. Section 208.151, RSMo, is repealed and one new section  
2 enacted in lieu thereof, to be known as section 208.151, to read as follows:

208.151. 1. For the purpose of paying medical assistance on behalf of  
2 needy persons and to comply with Title XIX, Public Law 89-97, 1965 amendments  
3 to the federal Social Security Act (42 U.S.C. Section 301 et seq.) as amended, the  
4 following needy persons shall be eligible to receive medical assistance to the  
5 extent and in the manner hereinafter provided:

6 (1) All recipients of state supplemental payments for the aged, blind and  
7 disabled;

8 (2) All recipients of aid to families with dependent children benefits,  
9 including all persons under nineteen years of age who would be classified as  
10 dependent children except for the requirements of subdivision (1) of subsection  
11 1 of section 208.040;

12 (3) All recipients of blind pension benefits;

13 (4) All persons who would be determined to be eligible for old age  
14 assistance benefits, permanent and total disability benefits, or aid to the blind  
15 benefits under the eligibility standards in effect December 31, 1973, or less  
16 restrictive standards as established by rule of the family support division, who  
17 are sixty-five years of age or over and are patients in state institutions for mental  
18 diseases or tuberculosis;

19 (5) All persons under the age of twenty-one years who would be eligible  
20 for aid to families with dependent children except for the requirements of

21 subdivision (2) of subsection 1 of section 208.040, and who are residing in an  
22 intermediate care facility, or receiving active treatment as inpatients in  
23 psychiatric facilities or programs, as defined in 42 U.S.C. 1396d, as amended;

24 (6) All persons under the age of twenty-one years who would be eligible  
25 for aid to families with dependent children benefits except for the requirement of  
26 deprivation of parental support as provided for in subdivision (2) of subsection 1  
27 of section 208.040;

28 (7) All persons eligible to receive nursing care benefits;

29 (8) All recipients of family foster home or nonprofit private child-care  
30 institution care, subsidized adoption benefits and parental school care wherein  
31 state funds are used as partial or full payment for such care;

32 (9) All persons who were recipients of old age assistance benefits, aid to  
33 the permanently and totally disabled, or aid to the blind benefits on December 31,  
34 1973, and who continue to meet the eligibility requirements, except income, for  
35 these assistance categories, but who are no longer receiving such benefits because  
36 of the implementation of Title XVI of the federal Social Security Act, as amended;

37 (10) Pregnant women who meet the requirements for aid to families with  
38 dependent children, except for the existence of a dependent child in the home;

39 (11) Pregnant women who meet the requirements for aid to families with  
40 dependent children, except for the existence of a dependent child who is deprived  
41 of parental support as provided for in subdivision (2) of subsection 1 of section  
42 208.040;

43 (12) Pregnant women or infants under one year of age, or both, whose  
44 family income does not exceed an income eligibility standard equal to one  
45 hundred eighty-five percent of the federal poverty level as established and  
46 amended by the federal Department of Health and Human Services, or its  
47 successor agency;

48 (13) Children who have attained one year of age but have not attained six  
49 years of age who are eligible for medical assistance under 6401 of P.L. 101-239  
50 (Omnibus Budget Reconciliation Act of 1989). The family support division shall  
51 use an income eligibility standard equal to one hundred thirty-three percent of  
52 the federal poverty level established by the Department of Health and Human  
53 Services, or its successor agency;

54 (14) Children who have attained six years of age but have not attained  
55 nineteen years of age. For children who have attained six years of age but have  
56 not attained nineteen years of age, the family support division shall use an

57 income assessment methodology which provides for eligibility when family income  
58 is equal to or less than equal to one hundred percent of the federal poverty level  
59 established by the Department of Health and Human Services, or its successor  
60 agency. As necessary to provide Medicaid coverage under this subdivision, the  
61 department of social services may revise the state Medicaid plan to extend  
62 coverage under 42 U.S.C. 1396a (a)(10)(A)(i)(III) to children who have attained  
63 six years of age but have not attained nineteen years of age as permitted by  
64 paragraph (2) of subsection (n) of 42 U.S.C. 1396d using a more liberal income  
65 assessment methodology as authorized by paragraph (2) of subsection (r) of 42  
66 U.S.C. 1396a;

67 (15) The family support division shall not establish a resource eligibility  
68 standard in assessing eligibility for persons under subdivision (12), (13) or (14)  
69 of this subsection. The division of medical services shall define the amount and  
70 scope of benefits which are available to individuals eligible under each of the  
71 subdivisions (12), (13), and (14) of this subsection, in accordance with the  
72 requirements of federal law and regulations promulgated thereunder;

73 (16) Notwithstanding any other provisions of law to the contrary,  
74 ambulatory prenatal care shall be made available to pregnant women during a  
75 period of presumptive eligibility pursuant to 42 U.S.C. Section 1396r-1, as  
76 amended;

77 (17) A child born to a woman eligible for and receiving medical assistance  
78 under this section on the date of the child's birth shall be deemed to have applied  
79 for medical assistance and to have been found eligible for such assistance under  
80 such plan on the date of such birth and to remain eligible for such assistance for  
81 a period of time determined in accordance with applicable federal and state law  
82 and regulations so long as the child is a member of the woman's household and  
83 either the woman remains eligible for such assistance or for children born on or  
84 after January 1, 1991, the woman would remain eligible for such assistance if she  
85 were still pregnant. Upon notification of such child's birth, the family support  
86 division shall assign a medical assistance eligibility identification number to the  
87 child so that claims may be submitted and paid under such child's identification  
88 number;

89 (18) Pregnant women and children eligible for medical assistance  
90 pursuant to subdivision (12), (13) or (14) of this subsection shall not as a  
91 condition of eligibility for medical assistance benefits be required to apply for aid  
92 to families with dependent children. The family support division shall utilize an

93 application for eligibility for such persons which eliminates information  
94 requirements other than those necessary to apply for medical assistance. The  
95 division shall provide such application forms to applicants whose preliminary  
96 income information indicates that they are ineligible for aid to families with  
97 dependent children. Applicants for medical assistance benefits under subdivision  
98 (12), (13) or (14) shall be informed of the aid to families with dependent children  
99 program and that they are entitled to apply for such benefits. Any forms utilized  
100 by the family support division for assessing eligibility under this chapter shall be  
101 as simple as practicable;

102 (19) Subject to appropriations necessary to recruit and train such staff,  
103 the family support division shall provide one or more full-time, permanent case  
104 workers to process applications for medical assistance at the site of a health care  
105 provider, if the health care provider requests the placement of such case workers  
106 and reimburses the division for the expenses including but not limited to salaries,  
107 benefits, travel, training, telephone, supplies, and equipment, of such case  
108 workers. The division may provide a health care provider with a part-time or  
109 temporary case worker at the site of a health care provider if the health care  
110 provider requests the placement of such a case worker and reimburses the  
111 division for the expenses, including but not limited to the salary, benefits, travel,  
112 training, telephone, supplies, and equipment, of such a case worker. The division  
113 may seek to employ such case workers who are otherwise qualified for such  
114 positions and who are current or former welfare recipients. The division may  
115 consider training such current or former welfare recipients as case workers for  
116 this program;

117 (20) Pregnant women who are eligible for, have applied for and have  
118 received medical assistance under subdivision (2), (10), (11) or (12) of this  
119 subsection shall continue to be considered eligible for all pregnancy-related and  
120 postpartum medical assistance provided under section 208.152 until the end of  
121 the sixty-day period beginning on the last day of their pregnancy;

122 (21) Case management services for pregnant women and young children  
123 at risk shall be a covered service. To the greatest extent possible, and in  
124 compliance with federal law and regulations, the department of health and senior  
125 services shall provide case management services to pregnant women by contract  
126 or agreement with the department of social services through local health  
127 departments organized under the provisions of chapter 192, RSMo, or chapter  
128 205, RSMo, or a city health department operated under a city charter or a

combined city-county health department or other department of health and senior services designees. To the greatest extent possible the department of social services and the department of health and senior services shall mutually coordinate all services for pregnant women and children with the crippled children's program, the prevention of mental retardation program and the prenatal care program administered by the department of health and senior services. The department of social services shall by regulation establish the methodology for reimbursement for case management services provided by the department of health and senior services. For purposes of this section, the term "case management" shall mean those activities of local public health personnel to identify prospective Medicaid-eligible high-risk mothers and enroll them in the state's Medicaid program, refer them to local physicians or local health departments who provide prenatal care under physician protocol and who participate in the Medicaid program for prenatal care and to ensure that said high-risk mothers receive support from all private and public programs for which they are eligible and shall not include involvement in any Medicaid prepaid, case-managed programs;

(22) By January 1, 1988, the department of social services and the department of health and senior services shall study all significant aspects of presumptive eligibility for pregnant women and submit a joint report on the subject, including projected costs and the time needed for implementation, to the general assembly. The department of social services, at the direction of the general assembly, may implement presumptive eligibility by regulation promulgated pursuant to chapter 207, RSMo;

(23) All recipients who would be eligible for aid to families with dependent children benefits except for the requirements of paragraph (d) of subdivision (1) of section 208.150;

(24) (a) All persons who would be determined to be eligible for old age assistance benefits under the eligibility standards in effect December 31, 1973, as authorized by 42 U.S.C. Section 1396a(f), or less restrictive methodologies as contained in the Medicaid state plan as of January 1, 2005; except that, on or after July 1, 2005, less restrictive income methodologies, as authorized in 42 U.S.C. Section 1396a(r)(2), may be used to change the income limit if authorized by annual appropriation;

(b) All persons who would be determined to be eligible for aid to the blind benefits under the eligibility standards in effect December 31, 1973, as authorized

165 by 42 U.S.C. Section 1396a(f), or less restrictive methodologies as contained in the  
166 Medicaid state plan as of January 1, 2005, except that less restrictive income  
167 methodologies, as authorized in 42 U.S.C. Section 1396a(r)(2), shall be used to  
168 raise the income limit to one hundred percent of the federal poverty level;

169 (c) All persons who would be determined to be eligible for permanent and  
170 total disability benefits under the eligibility standards in effect December 31,  
171 1973, as authorized by 42 U.S.C. 1396a(f); or less restrictive methodologies as  
172 contained in the Medicaid state plan as of January 1, 2005; except that, on or  
173 after July 1, 2005, less restrictive income methodologies, as authorized in 42  
174 U.S.C. Section 1396a(r)(2), may be used to change the income limit if authorized  
175 by annual appropriations. Eligibility standards for permanent and total  
176 disability benefits shall not be limited by age. **Any income earned through**  
177 **certified extended employment at a sheltered workshop under chapter**  
178 **178, RSMo, shall not be considered as income for determining eligibility**  
179 **under the provisions of this subdivision;**

180 (25) Persons who have been diagnosed with breast or cervical cancer and  
181 who are eligible for coverage pursuant to 42 U.S.C. 1396a  
182 (a)(10)(A)(ii)(XVIII). Such persons shall be eligible during a period of  
183 presumptive eligibility in accordance with 42 U.S.C. 1396r-1.

184 2. Rules and regulations to implement this section shall be promulgated  
185 in accordance with section 431.064, RSMo, and chapter 536, RSMo. Any rule or  
186 portion of a rule, as that term is defined in section 536.010, RSMo, that is created  
187 under the authority delegated in this section shall become effective only if it  
188 complies with and is subject to all of the provisions of chapter 536, RSMo, and,  
189 if applicable, section 536.028, RSMo. This section and chapter 536, RSMo, are  
190 nonseverable and if any of the powers vested with the general assembly pursuant  
191 to chapter 536, RSMo, to review, to delay the effective date or to disapprove and  
192 annul a rule are subsequently held unconstitutional, then the grant of  
193 rulemaking authority and any rule proposed or adopted after August 28, 2002,  
194 shall be invalid and void.

195 3. After December 31, 1973, and before April 1, 1990, any family eligible  
196 for assistance pursuant to 42 U.S.C. 601 et seq., as amended, in at least three of  
197 the last six months immediately preceding the month in which such family  
198 became ineligible for such assistance because of increased income from  
199 employment shall, while a member of such family is employed, remain eligible for  
200 medical assistance for four calendar months following the month in which such

201 family would otherwise be determined to be ineligible for such assistance because  
202 of income and resource limitation. After April 1, 1990, any family receiving aid  
203 pursuant to 42 U.S.C. 601 et seq., as amended, in at least three of the six months  
204 immediately preceding the month in which such family becomes ineligible for  
205 such aid, because of hours of employment or income from employment of the  
206 caretaker relative, shall remain eligible for medical assistance for six calendar  
207 months following the month of such ineligibility as long as such family includes  
208 a child as provided in 42 U.S.C. 1396r-6. Each family which has received such  
209 medical assistance during the entire six-month period described in this section  
210 and which meets reporting requirements and income tests established by the  
211 division and continues to include a child as provided in 42 U.S.C. 1396r-6 shall  
212 receive medical assistance without fee for an additional six months. The division  
213 of medical services may provide by rule and as authorized by annual  
214 appropriation the scope of medical assistance coverage to be granted to such  
215 families.

216 4. When any individual has been determined to be eligible for medical  
217 assistance, such medical assistance will be made available to him or her for care  
218 and services furnished in or after the third month before the month in which he  
219 made application for such assistance if such individual was, or upon application  
220 would have been, eligible for such assistance at the time such care and services  
221 were furnished; provided, further, that such medical expenses remain unpaid.

222 5. The department of social services may apply to the federal Department  
223 of Health and Human Services for a Medicaid waiver amendment to the Section  
224 1115 demonstration waiver or for any additional Medicaid waivers necessary not  
225 to exceed one million dollars in additional costs to the state. A request for such  
226 a waiver so submitted shall only become effective by executive order not sooner  
227 than ninety days after the final adjournment of the session of the general  
228 assembly to which it is submitted, unless it is disapproved within sixty days of  
229 its submission to a regular session by a senate or house resolution adopted by a  
230 majority vote of the respective elected members thereof.

231 6. Notwithstanding any other provision of law to the contrary, in any  
232 given fiscal year, any persons made eligible for medical assistance benefits under  
233 subdivisions (1) to (22) of subsection 1 of this section shall only be eligible if  
234 annual appropriations are made for such eligibility. This subsection shall not  
235 apply to classes of individuals listed in 42 U.S.C. Section 1396a(a)(10)(A)(i).